

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567160

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/		/			
8	/		/			
9		/		/		
10		/		/		
11	/		/			
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16	/		/			
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21	/		/			
22		/		/		
23		/		/		
24		/		/		
25		/		/		
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30	/		/			
31		/		/		
32		/		/		
33	/		/			
34		/		/		
35		/		/		
36	/		/			
37	/		/			
38		/		/		
39		/		/		
40		/		/		
41	/		/			
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46	/		/			
47	/		/			
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52			/			
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	14	←		←	
TOTAL CLAIMS		38				
TOTAL CLAIMS		52				